

***KENTUCKY TRANSITIONS***  
**Initial Preferences Assessment**  
(To be used by the Regional Transition Team)

**Interviewer Note:** The purpose of this assessment is to determine an individual's preference for leaving the nursing home or intermediate care facility and to begin to identify services that might be needed to live in the community. There are no right or wrong answers to these questions. It is not about what you can or cannot do, but what supports you believe you would need to live in the community.

**I. Self – Reflection/Assessment**

a) What is your disability, or what are the things that led to you being here or keeping you here?	
b) How does your disability affect your ability to live independently?	
c) What is your ideal situation (City, Suburbs, Rural, Alone, Family, Home-share)?	
d) Are there others in your life, family, friends, etc., that you could ask to assist you in moving to the community?	List here:

**Community Support Needs:**

- For each area below, check any help or assistance that the individual feels they will need in the community.
- Use the box to the right to describe the type of assistance that would be most helpful or special needs, concerns comments they may have about their needs.
- A good way to start is to review or think about what help or assistance they get now? What works for them, and what doesn't work?

## II. Personal Financial Resources

Area	Support Needed	Describe
1. Finances and Personal Affairs	<input type="checkbox"/> Paying Bills <input type="checkbox"/> Financial Management <input type="checkbox"/> Budgeting <input type="checkbox"/> Assistance with Banking. <input type="checkbox"/> Resolving Past or Present Credit Issues or Problems <input type="checkbox"/> Legal Council	

Notes:

## III. Funding and Benefit Programs

Area	Support Needed	Describe
2. Management of Entitlements, Benefits, etc.	<input type="checkbox"/> Securing and Maintaining Entitlement/Benefits: Applications, Re-determinations, Reporting Requirements. <input type="checkbox"/> Other: Describe	
3. Managing Personal Supports	<input type="checkbox"/> Advertising for Personal Care Assistants (PCAs). <input type="checkbox"/> Interviewing, Reference Checking and Hiring PCAs <input type="checkbox"/> Training and Scheduling PCAs <input type="checkbox"/> Planning/Arranging PCAs Back-up As Needed. <input type="checkbox"/> Other PCA Issues.	

Notes:

#### IV. Housing

Area	Support Needed	Describe
4. Housing: Accessibility Needs.	<input type="checkbox"/> No Stairs <input type="checkbox"/> Only a Few Stairs <input type="checkbox"/> Wheelchair Accessible Entrance <input type="checkbox"/> Wheelchair Accessible Bathroom <input type="checkbox"/> Accessible Kitchen <input type="checkbox"/> Other	
5. Maintenance of Property or Home	<input type="checkbox"/> Arranging for Heavier House Work, Home Maintenance or Seasonal Chores Property Maintenance (Lawn Care, Snow Removal)	

Notes:

#### V. Daily Supports for Living Independently

Area	Support Needed	Describe
6. Meal Planning, Prep./Eating	<input type="checkbox"/> Assistance in Meal Planning <input type="checkbox"/> Assistance with Cold Meal Preparation <input type="checkbox"/> Assistance with Hot Meal Preparation <input type="checkbox"/> Assistance with Eating and Drinking <input type="checkbox"/> Special Diet <input type="checkbox"/> Other	
7. Personal Care:	<input type="checkbox"/> Assistance with Transfers <input type="checkbox"/> Assistance with Daily Grooming <input type="checkbox"/> Assistance with Bathing <input type="checkbox"/> Assistance with Toileting <input type="checkbox"/> Assistance with Dressing <input type="checkbox"/> Other	

### V. Daily Supports for Living Independently (Continued)

Area	Support Needed	Describe
8. Getting Ready for Bed.	<input type="checkbox"/> Undressing, preparing for bed <input type="checkbox"/> Night Time Personal Hygiene <input type="checkbox"/> Transferring into bed. <input type="checkbox"/> Other	
9. Night Time Assistance	<input type="checkbox"/> Turning/Repositioning <input type="checkbox"/> Monitoring <input type="checkbox"/> Other	
10. Mobility	<input type="checkbox"/> Lifts or Transfers <input type="checkbox"/> Wheelchair <input type="checkbox"/> Power Wheelchair <input type="checkbox"/> Cane/Walker <input type="checkbox"/> Other	
11. Housekeeping	<input type="checkbox"/> Routine Light House Work <input type="checkbox"/> Dusting <input type="checkbox"/> Vacuuming <input type="checkbox"/> Dishes <input type="checkbox"/> Bathroom Cleaning <input type="checkbox"/> Floors <input type="checkbox"/> Other	
12. Laundry	<input type="checkbox"/> Washing & Drying Clothes <input type="checkbox"/> Ironing <input type="checkbox"/> Sewing or Repairing Clothing	
13. Shopping: Groceries/Other	<input type="checkbox"/> Assistance to Make List/Plan Shopping Trips <input type="checkbox"/> Transportation <input type="checkbox"/> Assistance in Stores <input type="checkbox"/> Assistance with Managing Money <input type="checkbox"/> Assistance in Getting Purchases Home <input type="checkbox"/> Assistance with Storing Purchases	
14. Assistive Technology and Medical Equipment (Vents, etc.)	<input type="checkbox"/> Environmental Controls <input type="checkbox"/> Mobility Equipment <input type="checkbox"/> Communication Devices <input type="checkbox"/> Maintenance of Assistive Technology and Medical	

	<input type="checkbox"/> Equipment <input type="checkbox"/> Other	
--	--	--

### V. Daily Supports for Living Independently (Continued)

Area	Support Needed	Describe
15. Child Care/Parenting	<input type="checkbox"/> Parent Education <input type="checkbox"/> Special Equipment (Accessible Baby Furniture, etc.) <input type="checkbox"/> An Aid or Someone to Assist with Parenting Responsibilities <input type="checkbox"/> Parents with Disabilities Support Group	

**Notes:**

### VI. Health Services, Supplies and Equipment

Area	Support Needed	Describe
16. Medical: Medication, Therapy, Medical Treatments	<input type="checkbox"/> Health Monitoring (Blood Pressure, Blood Sugar, etc.) <input type="checkbox"/> Medication Monitoring <input type="checkbox"/> Medical Treatment (Injections, IV Therapy, Wound Care, etc.) <input type="checkbox"/> Tube Feeding <input type="checkbox"/> Ventilator Support <input type="checkbox"/> Catheter <input type="checkbox"/> Bowel Regime <input type="checkbox"/> Dental <input type="checkbox"/> Assistance with Keeping Medical/Dental Appointments <input type="checkbox"/> Other: Describe	
17. Mental Health - Psychiatric	<input type="checkbox"/> Case manager <input type="checkbox"/> Day Treatment Program <input type="checkbox"/> Social Club <input type="checkbox"/> Job/Vocational	

	Counseling <input type="checkbox"/> Psychotherapy Visits <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly, Other	
--	---	--

## **VI. Health Services, Supplies and Equipment (Continued)**

Notes:

## **VII. Transportation**

<b>Area</b>	<b>Support Needed</b>	<b>Describe</b>
18. Getting Around Town / Transportation	<input type="checkbox"/> Accessible Vehicle <input type="checkbox"/> Adaptive driving controls <input type="checkbox"/> Drivers Education <input type="checkbox"/> Personal Assistant to drive <input type="checkbox"/> Public Transportation <input type="checkbox"/> Accessible Public Transportation <input type="checkbox"/> Curb to Curb <input type="checkbox"/> Door to Door	

Notes:

**VIII. Social, Faith, Recreation**

Area	Support Needed	Describe
19. Counseling/ Peer Support	<input type="checkbox"/> Phone Contact with Others with Disabilities <input type="checkbox"/> Visits from Others with Disabilities <input type="checkbox"/> A Support Network of People You Can Rely on. <input type="checkbox"/> Support Group <input type="checkbox"/> Circle of Support <input type="checkbox"/> Formal Counseling	

**IX. Social, Faith, Recreation (Continued)**

Area	Support Needed	Describe
20. Community Access: Faith Communities, Recreation, Leisure pursuits	<input type="checkbox"/> Transportation. <input type="checkbox"/> Public Transportation <input type="checkbox"/> Personal Assistance. <input type="checkbox"/> Housing Located Close to Certain Facilities (Houses of Worship, Library, Recreation Facilities, Theaters, Stores, Parks, Museums, etc.)– Describe <input type="checkbox"/> Assistance in Identifying Community Resources. <input type="checkbox"/> Other Describe.	

Notes:

**X. Work/School**

Area	Support Needed	Describe
21. Vocational	<input type="checkbox"/> Exploring Work or Schooling Options. <input type="checkbox"/> Exploring Impact of Working on Benefits. <input type="checkbox"/> Other: Describe	
22. Achieving Your Goals or Dreams	<input type="checkbox"/> Assistance in Identifying or Setting Personal Goals. <input type="checkbox"/> Assistance in Planning How to Achieve Personal Goals <input type="checkbox"/> Other: Describe	

Notes:

**Now that you have looked at what their needs might be, the following questions will help them to think about the future as they begin planning:**

What strengths, resources, and qualities do I have that will be part of my success?

What are my fears, concerns, or other things I believe may be a problem?



What can be done to remove or reduce them?

What strengths and resources exist in my family, friends, and communities that will help me succeed?

What else is important to me?

**Use this page for additional information, ideas and thoughts which might help you as you explore community living.**